

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
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TOTAL IND.	46		46		46	
TOTAL DEP.	29		29		29	
TOTAL CLAIMS	33		33		33	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			46		46	
TOTAL DEP.			29		29	
TOTAL CLAIMS			33		33	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS